



**PIONEER VALLEY THERAPEUTIC
RIDING ASSOCIATION, INC.**

Spring Benefit Show Entry Form

Rider Information:

Name _____

Address _____

Phone _____

Horse Name _____

Owner _____ - _____

Trainer _____

Farm _____

Classes _____ / _____ / _____ / _____ / _____ / _____ /
_____ / _____ / _____ / _____ / _____ / _____

Total # of Classes _____

Pre Entry **X** \$ 8.00

Total Enclosed = \$ _____

Make Checks Payable to: PVTRA

Send Entries to:

Gillian Ellis

17R Ferry St

South Hadley, MA 01075

216-403-4174

I hereby enter the above listed horses at my own risk and subject to all rules and regulations of the PVTRA Spring Benefit Horse Show. I further agree that if any damage be occasioned, or loss occur to the horses exhibited, to any vehicle, article or person which I may send with such horses, I will make no claim against Pioneer Valley Therapeutic Riding Association or Muddy Brook Farm.

Rider Signature _____

(Parent/ Guardian, if under 18)

Owner Signature _____